Annex I

Scientific conclusions and grounds for the variation to the terms of the Marketing Authorisation(s)

Scientific conclusions

Taking into account the PRAC Assessment Report on the PSUR(s) for iomeprol, the scientific conclusions are as follows:

In view of available data on risks from the literature and spontaneous reports, the Lead Member State considers a causal relationship between iomeprol and encephalopathy is established. The Lead Member State concluded that the product information of products containing iomeprol should be amended accordingly.

The CMDh agrees with the scientific conclusions made by the PRAC.

Grounds for the variation to the terms of the Marketing Authorisation(s)

On the basis of the scientific conclusions for iomeprol the CMDh is of the opinion that the benefit-risk balance of the medicinal product(s) containing iomeprol is unchanged subject to the proposed changes to the product information.

The CMDh reaches the position that the marketing authorisation(s) of products in the scope of this single PSUR assessment should be varied. To the extent that additional medicinal products containing iomeprol are currently authorised in the EU or are subject to future authorisation procedures in the EU, the CMDh recommends that the concerned Member States and applicant/marketing authorisation holders take due consideration of this CMDh position.

Annex II

Amendments to the product information of the nationally authorised medicinal product(s)

Amendments to be included in the relevant sections of the Product Information (new text **underlined and in bold**, deleted text ~~strike through~~)

Summary of Product Characteristics

- Section 4.4

Contrast induced encephalopathy

Encephalopathy has been reported with the use of iomeprol (see section 4.8).

Contrast encephalopathy may manifest with symptoms and signs of neurological dysfunction such as headache, visual disturbance, cortical blindness, confusion, seizures, loss of coordination, hemiparesis, aphasia, unconsciousness, coma and cerebral oedema within minutes to hours after administration of iomeprol, and generally resolves within days.

The product should be used with caution in patients with conditions that disrupt the integrity of the blood brain barrier (BBB), potentially leading to increased permeability of contrast media across the BBB and increasing the risk of encephalopathy. If contrast encephalopathy is suspected, administration of iomeprol should be discontinued and appropriate medical management should be initiated.

- Section 4.8

The following adverse reaction(s) should be added under the SOC Nervous system disorders with a frequency not known:

Contrast induced encephalopathy*

(footnote)***Encephalopathy may manifest with symptoms and signs of neurological dysfunction such as headache, visual disturbance, cortical blindness, confusion, seizures, loss of coordination, hemiparesis, aphasia, unconsciousness, coma and brain oedema.**

Package Leaflet

- Section 2

During or shortly after the imaging procedure you may experience a short-term brain disorder called encephalopathy. Tell your doctor straight away if you notice any of the symptoms related to this condition described in Section 4.

- Section 4

Other reactions have been reported with a frequency not known:

Brain disorder (encephalopathy) with symptoms including headache, difficulties with vision, loss of vision, confusion, seizures, loss of coordination, loss of movement in one side of the body, problems with speech, and loss of consciousness.

Annex III

Timetable for the implementation of this position

Timetable for the implementation of this position

Adoption of CMDh position:	January 2021 CMDh meeting
Transmission to National Competent Authorities of the translations of the annexes to the position:	14 March 2021
Implementation of the position by the Member States (submission of the variation by the Marketing Authorisation Holder):	13 May 2021